

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914166

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7	1					
8	1					
9	1					
10	1					
11	2					
12	2					
13	2					
14	1					
15	1					
16	1					
17	1					
18	2					
19	2					
20	2					
21	1					
22	1					
23	1					
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27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	2					
37	2					
38	1					
39	1					
40	2					
41	2					
42	1					
43	1					
44	1					
45	1					
46	1					
47	3					
48	3					
49	1					
50	1					
TOTAL IND.			6			
TOTAL DEP.		46				
TOTAL CLAIMS		50				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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